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Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara  
(Signature of Person Mailing Paper or Fee)

Application Number : 10/630,991  
Applicant : John T. Stonick, et al.  
Filed : 29 July 2003  
TC/A.U. : 2611  
Examiner : Benghuzzi, Mohsin M.

Confirmation Number: 7681

Docket Number : 209.009-US (SNPS-0254)  
Customer No. : 36,503

M/S: Box Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

### AMENDMENT

Sir

In response to the office action of **15 November 2006**, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

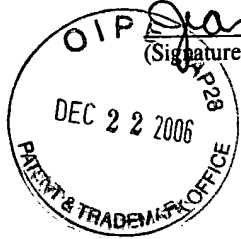
**Remarks/Arguments** begin on page 10 of this paper.

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*DFW*

Jeannie Camara

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*Jeannie Camara*  
(Signature of Person Mailing Paper or Fee)

**PATENT APPLICATION**  
**Attorney Docket No. SNPS-0254**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )  
John T. Stonick et al. ) Examiner: Benghuzzi, Mohsin M.  
Serial No. 10/630,991 ) Group Art Unit: 2611  
Filing Date: 29 July 2003 )  
Title: RECEIVER BASED DECISION FEEDBACK )  
EQUALIZATION CIRCUITRY AND )  
TECHNIQUES )

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **15 November 2006**.
- ☐ A petition for extension of time is also enclosed with a fee of **\$120.00** for a one-month extension.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and \_\_\_ references.
- ☒ No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$50 =	
Independent Claims		MINUS = 3	0	x \$200 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- ☐ A check in the amount of \$\_\_\_\_ is enclosed.  
☐ Charge \$\_\_\_\_ to Deposit Account No. \_\_\_\_ (Docket No. \_\_\_\_).  
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SNPS-0254).

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Respectfully submitted,

By   
Edward J. Grundler  
Registration No. 47,615

Date: 20 December 2006